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CONFIRMATION NO. 6905

<b>SERIAL NUMBER</b> 10/650,314	<b>FILING OR 371(c) DATE</b> 08/28/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> KATZ P-101
<b>APPLICANTS</b> Harold Katz; Los Angeles, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/406,466 08/28/2002 <i>OK</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/19/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 28752				
<b>TITLE</b> Combined tongue depressor and oral spray device				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	